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Patrick S. Yoder FLETCHER YODER P.O. Box 692289				I hereby certify that States Postal Service	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Houston, TX 77269	9-2289					(Depositor's name)	
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						(Date)	
APPLICATION NO.	FILING DATE FIR		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/613,591	10/613,591 07/03/2003		Kadri N. Jabri		131222-1XZ(GEMS0303)	2426	
				N A FLAT PANEL DETECT	1	DATE DIE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1440 		\$300 	\$1740 —	08/22/2008	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
TUCKER, WESLEY J.		2624		382-132000			
CFR 1.363).  Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATEN	T (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
GE MEDICAL SYSTEMS GLOBAL TECHNOLOGY CO. WAUKESHA, WISCONSIN							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
				check in the amount of the fee(s) is enclosed.			
, , , , , , , , , , , , , , , , , , , ,				t by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies							
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11	MALL ENTITY status. See 1		11	<u> </u>	IALL ENTITY status. See 37 C		
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Authorized Signature /Lee Eubanks/			Date August 22, 2008				
Typed or printed name L. Lee Eubanks IV			Registration No58,785				
This collection of information	n is required by 37 CFR 1.3	11. The information	n is required	to obtain or retain a benefit b	y the public which is to file (an	d by the USPTO to process)	

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